Diocese of Westminster Catholic Primary Schools Supplementary Information Form 2017 – 2018



Name and Address of School:					
Child's Details					
Child's surname:					
Child's first name:					
Home Address:	Date of Birth:				
			Postcod	۵.	
		'	USICOU	С.	
Parent/Carer Details	s				
Parent's name:					
Address (if different	from				
above):					
Telephone number:					
Details of Religion					
Religion of child: (Please tick)	Catholic	Other Christian		Other faith	
,		(name of denomina	ition)		
Catholic Parish you	live in:				
Church where child baptism: (baptism c	was baptised and date of ertificate required)				
Name and position of Catholic Practice (wh	priest supplying Certificate of ere appropriate)				

I confirm that I have read and understood the Admissions Policy and that the information I have provided is correct. I understand that I must notify the school immediately if there is any change to these details and that should any information I have given prove to be inaccurate that governors may withdraw any offer of a place even if the child has already started school.

Signed		Date
fro Ap	here applicable parents can obtain a Certificatom the Diocese of Westminster website. oplicants from other Christian denominations a ceir minister or religious leader, confirming menor must complete your local authority's application of the other control of th	and other faiths should attach a letter from mbership of that faith community.
Checklist	t:	
Have you	enclosed:	
Copy of ba	aptism certificate	
Certificate	e of Catholic Practice (where necessary)	

Have you completed your local authority's online application form?